






Pilgrimage to the Philippines

11-Day Spiritual Journey

-  **Dates:** January 19-29, 2026
-  **Cost:** \$3,549 per person | **Land Only:** \$2,749
-  **Departure:** JFK New York
-  **Spiritual Director:** Fr. Michael A. De Leon, AM.
-  **Tour Operator:** Nativity Pilgrimage
-  **Phone:** 832-406-7050
-  **Email:** info@nativitypilgrimage.com
-  **Website:** trip.nativitypilgrimage.com/deleon



For Office Use Only

Date	Payment	Check #

- ☐ I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport.
PASSPORTS MUST BE VALID AFTER 6 MONTHS OF DEPARTURE.
- ☐ I have read and agreed to all the terms and conditions as set forth in this brochure.
PLEASE PRINT & ATTACH COPY OF YOUR PASSPORT WITH THIS REGISTRATION. NAMES ON THIS FORM AND PASSPORT MUST MATCH EXACTLY.

Last name		First name		Middle
Address			City, State, Zipcode	
Phone			Email	
Passport Number		Place of issue		Date of issue
Expiration date		Date of birth		Gender: M F
Emergency Contact (name & phone number)				
SPECIAL ROOM ACCOMMODATIONS				
<input type="checkbox"/> I want to room with (first & last name)				
<input type="checkbox"/> I need a roommate				
<input type="checkbox"/> I want a single room (at an additional \$900)				

Please enclose a \$300 per person **non-refundable non-transferable** deposit by check or credit card (see Terms & Conditions) with application and passport copy to: **Nativity Pilgrimage | 15710 JFK Blvd. Suite 225, Houston, TX 77032**

Payment Options

☐ Check ☐ Master Card ☐ Visa ☐ American Express ☐ Discover ☐ Zelle

Credit Card # _____ Zip code _____ Exp. Date _____ CVV Code _____

Please make checks payable to Nativity Pilgrimage | There is a 3% charge for all credit card payments | Send Zelle payments to accounting@nativitypilgrimage.com

Select one option: ☐ Charge my **DEPOSIT** now and the balance due 100 days before departure. ☐ Charge my **TOTAL** trip cost now (excludes any insurance)

☐ Check enclosed for **DEPOSIT ONLY** ☐ Check enclosed for **TOTAL** trip cost (excluding any insurance) ☐ Charge **DEPOSIT ONLY** to my credit card

I understand it is my responsibility to obtain any visas/re-entry permits necessary for this trip if I do not hold an American passport. I understand passports must be valid for 6 months after the scheduled return date and I have read and agreed on all the terms and conditions as set forth in the brochure.

PRINT NAME _____ SIGNATURE _____ DATE _____

We highly recommend purchasing trip cancellation insurance. This protects you in case of any unforeseen circumstances that may prevent you from going on your trip. We offer insurance through Travel Insured International. You may also use your own travel insurance if desired.



SCAN FOR
MORE INFO >>>



1-800-243-3174
www.travelinsured.com



SINGLE TRIP PLAN COMPARISONS

BASE PLAN

WORLDWIDE TRIP PROTECTOR PLATINUM

WORLDWIDE TRIP PROTECTOR DELUXE

WORLDWIDE TRIP PROTECTOR ESSENTIAL

Insurance Benefits and other Non-Insurance Services	Worldwide Trip Protector Platinum	Worldwide Trip Protector Deluxe	Worldwide Trip Protector Essentials
Benefit	Maximum Benefit Amount		
Trip Cancellation**	up to 100% of the non-refundable insured Trip Cost*	up to 100% of the non-refundable insured Trip Cost*	up to 100% of the non-refundable insured Trip Cost*
Trip Interruption	up to 150% of the non-refundable insured Trip Cost****	up to 150% of the non-refundable insured Trip Cost***	up to 100% of the non-refundable insured Trip Cost***
Trip Delay	up to \$200 per day, to a maximum of \$2,000 - 3 hours	up to \$150 per day, to a maximum of \$1,500 - 6 hours	up to \$100 per day, to a maximum of \$500 - 12 hours
Missed Connection	up to \$1,000	up to \$750	up to \$500
Medical Evacuation and Repatriation of Remains	up to \$1,000,000	up to \$500,000	up to \$200,000
Political or Security Evacuation & Natural Disaster Evacuation	up to \$150,000	up to \$50,000	---
Baggage & Personal Effects	up to \$2,500 (\$250/article)	up to \$1,500 (\$250/article)	up to \$750 (\$250/article)
Baggage Delay	up to \$750 - 3 hours	up to \$500 - 6 hours	up to \$200 - 12 hours
Accident and Sickness Medical Expense	up to \$500,000	up to \$250,000	up to \$50,000
Dental Sublimit	up to \$750	up to \$750	up to \$750
24-Hour Other than Air Flight Accidental Death & Dismemberment	up to \$10,000	up to \$10,000	---
Non-Insurance Travel Assistance Services	Included	Included	Included

* Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage

** Not applicable when \$0 Trip Cost displayed on Your confirmation of coverage

*** \$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

Find out more

[Click here for important Disclaimers](#)

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Glastonbury, CT 06033

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